PARTICIPATION AGREEMENT FOR STUDENTS
ON CONSORTIUM AGREEMENT BETWEEN
SUL ROSS STATE UNIVERSITY AND
SOUTHWEST TEXAS COLLEGE

Name: _____ SSN:_____

Address _____ Email: _____

_____ Phone:_____

Classification: _____ Major:_____

Term: **FALL 2026** SWTX HOURS: _____SRSU HOURS: _____

I, _____, am pursuing a bachelor's degree in _____ from Sul Ross State University and will be enrolled in _____ hours at Southwest Texas College for the term indicated above. These hours will apply directly to my degree plan as documented by the SRSU degree plan.

I understand that this agreement covers only the term indicated above and I must complete a new Participation Agreement for any future terms. I further understand that eligibility in this program is limited to four (4) semesters of concurrent enrollment coursework at Southwest Texas College (as the Host School).

I agree to report any changes in my enrollment at either institution to the SRSU Financial Aid Office within 5 days. I understand that I must provide SRSU Financial Aid Office with a current degree plan.

I understand that under this agreement financial aid will only be awarded through SRSU and that I am responsible for any over awards. I further understand that I am responsible for all charges at SWTX.

I understand that SWTX will send a copy of my academic transcript to SRSU at the end of the enrollment period covered by this agreement.

I understand that all financial aid disbursements that are in excess of amounts owed to SRSU (including, but not limited to tuition/fees, room and board, loans or other charges) will be remitted to me. I understand that I am responsible for all outstanding charges due to Southwest Texas College. ***I will make payment arrangements by the Southwest Texas College payment deadline.*** I also understand that any charges in excess of my financial aid award will be my responsibility.

_____ _____
Student's Signature Date

_____ _____
Academic Advisor Date

FA OFFICE USE ONLY:

_____Total Consortiums Submitted **_____Total Hours On Consortiums**

_____AID Cancelled **_____Cancellation Noted in AID**

SWTX Advisor_____ **Date Completed_____**